

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-Q37PEOPL

ADDRESS (number and street) PO BOX 2882 CHURCH STREET STATION NEW YORK NY 10008 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00149211 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 10 01 2009 through 10 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alvin Warshaviak

Signature of Treasurer Electronically Filed by Alvin Warshaviak Date 11 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		54656.50
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	100052.67									
(c) Total Receipts (from Line 19)	13250.41	466648.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113303.08	521305.01								
7. Total Disbursements (from Line 31)	100052.67	508054.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13250.41	13250.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1908.22	9803.43
(ii) Unitemized	11342.19	456845.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13250.41	466648.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13250.41	466648.51
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13250.41	466648.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13250.41	466648.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	100052.67	508054.60
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	100052.67	508054.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100052.67	508054.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13250.41	466648.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13250.41	466648.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Leonard Allen		Date of Receipt
	Mailing Address 512 Powell Street		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Brooklyn	NY	11212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7945
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="20.00"/>
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Miriam Allen		Date of Receipt
	Mailing Address 4322 Claredon Rd		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Brooklyn	NY	11203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7946
Name of Employer NYC Board of Higher Ed. State		Occupation COLLEGE ADMIN ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="423.06"/>	<input type="text" value="38.46"/>
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Charles Andrews		Date of Receipt
	Mailing Address 2816 Schley Ave apt 4b		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bronx	NY	10465
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7948
Name of Employer BRONX COMMUNITY COLLEGE		Occupation COLLEGE OFFICE ASST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="20.00"/>
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="78.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Peggy Benjamin		Date of Receipt
	Mailing Address 545 w 126th st		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NY	NY	10027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7950
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 225.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Judith Burger-Arroyo		Date of Receipt
	Mailing Address 1056 E37th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Brooklyn	NY	11210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7953
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep, Local President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 2100.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Jason Canidate		Date of Receipt
	Mailing Address 85 Tompkins Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Brooklyn	NY	11206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7954
Name of Employer NYC POLICE Dept.		Occupation POLICE ADMIN AIDE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 315.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 255.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Cora Casey	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 49-57 Crown Street	Transaction ID: SA11AI.7955
	City State Zip Code Brooklyn NY 11221	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer NYC Housing Authority	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Carmen Charles	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 681 Palisade Ave	Transaction ID: SA11AI.7956
	City State Zip Code teaneck NJ 07666	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Local President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

C.	Full Name (Last, First, Middle Initial) Santos Crespo	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 319 Atkins Ave	Transaction ID: SA11AI.7958
	City State Zip Code Brooklyn NY 11208	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer Local 372 NYC Bd of Ed, AFSCME	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Francis Curtis		Date of Receipt
	Mailing Address 100 Beekman St. #8B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10038
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer District Council 37, AFSC-ME		Occupation Program Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 215.00	Transaction ID: SA11AI.7959
		Amount of Each Receipt this Period	<input type="text"/> 20.00
		Payroll Deduction	

B.	Full Name (Last, First, Middle Initial) Michael DeMarco		Date of Receipt
	Mailing Address 83 Ramblewood Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Staten Island	NY	10308
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	Transaction ID: SA11AI.7960
		Amount of Each Receipt this Period	<input type="text"/> 20.00
		Payroll Deduction	

C.	Full Name (Last, First, Middle Initial) Colleen Detroy		Date of Receipt
	Mailing Address 5101 39th St apt. b21		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Woodside	NY	11104
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer District Council 37, AFSC-ME		Occupation Administrative Assistant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 215.00	Transaction ID: SA11AI.7961
		Amount of Each Receipt this Period	<input type="text"/> 20.00
		Payroll Deduction	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Connie Etheridge		Date of Receipt
	Mailing Address 123-18 153rd St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Jamaica	NY	11434
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7963
Name of Employer NYC LAW DEPARTMENT		Occupation CLERICAL ASSOCIATE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 210.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Oliver Gray		Date of Receipt
	Mailing Address 655 E. 14th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7965
Name of Employer District Council 37, AFSC-ME		Occupation Associate Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 860.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Mathildegl Holguin		Date of Receipt
	Mailing Address 35-33 64th St 1a		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Woodside	NY	11377
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7967
Name of Employer NYC Social Services Dept		Occupation Eligibility Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 210.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Anderson Hyland		Date of Receipt
	Mailing Address 751 E. 89th St #5		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11236
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7968
Name of Employer Local 420, AFSCME AFL-CIO		Occupation Accountant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 215.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Barbara Ingram-Edmonds		Date of Receipt
	Mailing Address 34 douth Mill Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	West Winsor	NJ	08550
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7969
Name of Employer District Council 37, AFSC-ME		Occupation Director of Field Operators	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 860.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Dorothy Jelks		Date of Receipt
	Mailing Address 340 Williams		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7970
Name of Employer NYC FIRE DEPARTMENT		Occupation CLERICAL ASSOCIATE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 210.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Barbara Kairson		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 43 Hamilton Terrence		Transaction ID: SA11AI.7972
	City New York	State NY	Zip Code 10031
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Director of DC 37 Education Fund	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Madonna Knight		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 282 E 35th Street		Transaction ID: SA11AI.7973
	City Brooklyn	State NY	Zip Code 11203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Council Representative	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Clifford Koppelman		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1270 E 19 Street, #1J		Transaction ID: SA11AI.7974
	City Brooklyn	State NY	Zip Code 11230
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer District Council 37, AFSC-ME	Occupation Grievance Representative	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Jane Latour		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 72 Seaman apt 6b		Transaction ID: SA11AI.7975
	City New York	State NY	Zip Code 10034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Associate Editor	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) Eugene Lawrence		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2760 Grand Concourse Apt 1B		Transaction ID: SA11AI.7976
	City Bronx	State NY	Zip Code 10458
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer NYC Parks & Recreation Ad-min	Occupation Associate Park Service Worker	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Peter Leon		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 183-55 Babylon Ave.		Transaction ID: SA11AI.7977
	City St. Albans	State NY	Zip Code 11412
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Local 420 AFSCME, AFI-CIO	Occupation Treasurer, Local 420	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Marva Lewis		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 5700 Arlington Ave 9u		Transaction ID: SA11AI.7978
	City Riverdale	State NY	Zip Code 10471
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Division Director	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Terrence Miller		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 417 Prospect Pl		Transaction ID: SA11AI.7979
	City Brooklyn	State NY	Zip Code 11238
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer NYC Police Department	Occupation Senior Police Admin. Aide	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Veronica Montgomery		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 202 Wyham Ct.		Transaction ID: SA11AI.7980
	City Slingerlands	State NY	Zip Code 12159
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Local 372 NYC Bd of Ed, AFSCME	Occupation President of Local 372	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Edwin Negron	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 80 East 110th St	Transaction ID: SA11AI.7981
	City State Zip Code New York NY 10029	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer City of New York Admin Service	Occupation CITY CUSTODIAL ASST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) Ralph Pepe	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 125 E.17th Street	Transaction ID: SA11AI.7982
	City State Zip Code New York NY 10003	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSCME	Occupation Real Estate Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

C.	Full Name (Last, First, Middle Initial) Elnora Phillips	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 110 E 99th Street apt. 12F	Transaction ID: SA11AI.7983
	City State Zip Code New York NY 10029	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer Department of Social Services	Occupation Case Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A. Full Name (Last, First, Middle Initial)
Deborah Pitts

Mailing Address 4286 Conashaugh Lks

City Milford State PA Zip Code 18337

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt M M / D D / Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.7984

Amount of Each Receipt this Period 30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Togba Porte

Mailing Address PO Box 20346

City Staten Island State NY Zip Code 10302

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 420 AFSCME AFL-CIO Occupation Vice President- Local 420

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt M M / D D / Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.7985

Amount of Each Receipt this Period 20.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Walthene Primus

Mailing Address 137-29 Bedell Street

City Springfield Grdns State NY Zip Code 11413

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt M M / D D / Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.7986

Amount of Each Receipt this Period 40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Wendell Reid		Date of Receipt
	Mailing Address 29 Marion Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hartsdale	NY	10530
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7988
Name of Employer District Council 37, AFSC-ME		Occupation Council Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	<input type="text"/>
		Payroll Deduction	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Michael Riggio		Date of Receipt
	Mailing Address 38-24 Corporal Stone S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bayside	NY	11361
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7989
Name of Employer District Council 37, AFSC-ME		Occupation Council Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	<input type="text"/>
		Payroll Deduction	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Lillian Roberts		Date of Receipt
	Mailing Address 2373 Broadway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7990
Name of Employer District Council 37, AFSC-ME		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2365.00	<input type="text"/>
		Payroll Deduction	<input type="text"/> 220.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 260.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Edward Rodriguez

Mailing Address 2 Mountain View Dr

City Thiells State NY Zip Code 10984

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37 Local 1549 Occupation President Local 1549

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 30 / 2009
Transaction ID: SA11AI.7991
Amount of Each Receipt this Period 20.00
Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Paulette Sher

Mailing Address 381 Edgegrove Avenue

City Staten Island State NY Zip Code 10312

FEC ID number of contributing federal political committee. **C**

Name of Employer NYC Off Track Betting Occupation Betting Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 30 / 2009
Transaction ID: SA11AI.7992
Amount of Each Receipt this Period 40.00
Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Jose Sierra

Mailing Address 130 South Highland

City Ossining State NY Zip Code 10562

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Division Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 30 / 2009
Transaction ID: SA11AI.7993
Amount of Each Receipt this Period 50.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 110.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Kyle Simmons

Mailing Address 1114 Knollwood Drive

City State Zip Code
Tobyhanna PA 18466

FEC ID number of contributing federal political committee. **C**

Name of Employer: District Council 37, AFSC-ME
Occupation: Grievance Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.7994
Amount of Each Receipt this Period: 20.00
Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Yvonne Singh

Mailing Address 501 E 145th St

City State Zip Code
Bronx NY 10454

FEC ID number of contributing federal political committee. **C**

Name of Employer: Triboro Bridge & Tunnel Auth.
Occupation: Clerical Assoc.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.7995
Amount of Each Receipt this Period: 20.00
Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
David Stevens

Mailing Address 23 Water Grant St

City State Zip Code
Yonkers NY 10701

FEC ID number of contributing federal political committee. **C**

Name of Employer: Board of Higher Ed. State
Occupation: INFO TECH SR. ASSOCIATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.7996
Amount of Each Receipt this Period: 39.76
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 79.76

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Dennis Sullivan

Mailing Address 94 Buckingham Rd.

City State Zip Code
Yonkers NY 10701

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Director of Research and Negotiations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.7997

Amount of Each Receipt this Period
40.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Carol Thomas

Mailing Address PO Box 618 Old Chelsea Sta

City State Zip Code
NY NY 10113

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Greivance Rep.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.7998

Amount of Each Receipt this Period
40.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Jeffrey Thompson

Mailing Address 1949 McGraw Ave

City State Zip Code
Bronx NY 10462

FEC ID number of contributing federal political committee. **C**

Name of Employer NYC Off Track Betting Occupation MOTOR VEHICLE OPERATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.7999

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
James Tucciarelli

Mailing Address 361 Mill Rd.

City Staten Island State NY Zip Code 10306

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.8001

Amount of Each Receipt this Period 40.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Esther Tucker

Mailing Address P.O. Box 934 Lincoln Station

City New York State NY Zip Code 10037

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, ASFC-ME Occupation Grievance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.8002

Amount of Each Receipt this Period 20.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Maf Uddin

Mailing Address 161-17 85th Ave

City Jamiaca Hills State NY Zip Code 11432

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.8003

Amount of Each Receipt this Period 20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Robin Vall		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 7508 Bell Blvd apt 1n		Transaction ID: SA11AI.8004
	City Bayside	State NY	Zip Code 11364
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer NY Dept. of Admin. Service	Occupation Clerical Associate	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Martin Velasquez		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 96 Wenlock Street		Transaction ID: SA11AI.8005
	City Staten Island	State NY	Zip Code 10303
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer NY State Board of Higher Educa	Occupation City Laborer	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Barbara Watkins		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 294 Osborn St		Transaction ID: SA11AI.8006
	City Brooklyn	State NY	Zip Code 11212
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer NYC ADMINISTRATIVE SERVICES	Occupation CITY CUSTODIAL ASST	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Kenneth Wheeler	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1100 Teller Ave. apt 2G	Transaction ID: SA11AI.8007
	City State Zip Code Bronx NY 10456	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer NYC Parks & Recreation Ad- min	Occupation Associate Park Service Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Chris Wilgenkamp	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2415 wolson Ave	Transaction ID: SA11AI.8008
	City State Zip Code Bronx NY 10469	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC- ME	Occupation Asst Divison Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Sheryl Williams	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 475 Willson Avenue Apt 1D	Transaction ID: SA11AI.8009
	City State Zip Code Brooklyn NY 11221	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer NYC Finance Administration	Occupation COMPUTER ASSOC.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial) Wanda Williams		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 25 Roy Lane		Transaction ID: SA11AI.8010
City Highland	State NY	Zip Code 12528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer District Council 37, AFSC-ME	Occupation Director of Political Action & Legisla	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

B.

Full Name (Last, First, Middle Initial) Mercedes Youman		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 345 E 93rd St 16h		Transaction ID: SA11AI.8011
City NY	State NY	Zip Code 10128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NYC Health Dept.	Occupation Public Health Nurse	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	1908.22

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB22.8015

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

51786.34

B.

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB22.8016

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

48266.33

SUBTOTAL of Disbursements This Page (optional) ►

100052.67

TOTAL This Period (last page this line number only) ►

100052.67